

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90031 049 \*\*\*158.75

<b>DOCUMENT # P01000119142</b> 1. Entity Name <b>BEST ELECTRICAL CONTRACTORS, INC.</b>					
Principal Place of Business <b>PO BOX 2613 KEY LARGO, FL 33037</b>			Mailing Address <b>PO BOX 2613 KEY LARGO, FL 33037</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>151 Indian Mound Trl.</b>		Suite, Apt. #, etc.			
City & State <b>Tavernier FL</b>		City & State			
Zip <b>33070</b>		Country <b>Monroe</b>		Zip	
Country		4. FEI Number <b>01-0567846</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>GUEST, JAMES M JAMES M GUEST CPA 15600 SW 288 ST STE 201 HOMESTEAD, FL 33033</b>					
7. Name and Address of New Registered Agent Name <b>Ronald R. Adsitt</b> Street Address (P.O. Box Number is Not Acceptable) <b>151 Indian Mound Trail</b> City <b>Tavernier</b> FL Zip Code <b>33070</b>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Ronald R. Adsitt</b> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when re-registering) DATE <b>4-30-2007</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>ADSITT, RONALD</b> <input type="checkbox"/> Delete <b>PO BOX 2613</b> <b>KEY LARGO, FL 33037</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Ronald R. Adsitt</b> <b>4-30-2007 305-522-7777</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**Ronald Adsitt PTD**

ATTACHMENT 40095570  
#P01600119142  
Division of Corporations:

I attempted numerous times to do this online, and your website kept returning error messages. I guess it was either very busy or malfunctioning. Thus I am sending this overnight delivery to you.

Thank you

Ronald Aket

Best Electrical Contractors

4-30-2007